

**NON-LIFE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SOCIAL NO. **10/561812** FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5		1		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
13		3		1		
14		3		1		
15		3		1		
16		3		1		
17		3		1		
18		3		1		
19		3		1		
20		3		1		
21		3		1		
22		3		1		
23		3		1		
24		3		1		
25		3		1		
26		3		1		
27		3		1		
28		3		1		
29		3		1		
30		3		1		
31		3		1		
32		3		1		
33		3		1		
34		3		1		
35		3		1		
36		3		1		
37		3		1		
38		3		1		
39		3		1		
40		3		1		
41		3		1		
42		3		1		
43		3		1		
44		3		1		
45		3		1		
46		3		1		
47		3		1		
48		3		1		
49		3		1		
50		3		1		
TOTAL IND.			↓	Q	↓	↓
TOTAL DEP.	←		16	←	←	
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
S1						
S2						
S3						
S4						
S5						
S6						
S7						
S8						
S9						
S10						
S11						
S12						
S13						
S14						
S15						
S16						
S17						
S18						
S19						
S20						
S21						
S22						
S23						
S24						
S25						
S26						
S27						
S28						
S29						
S30						
S31						
S32						
S33						
S34						
S35						
S36						
S37						
S38						
S39						
S40						
S41						
S42						
S43						
S44						
S45						
S46						
S47						
S48						
S49						
S50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

**BEST AVAILABLE COPY**